



News At Nine

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Summer 2000

TRICARE - Your Military Health Plan

Vol. 5 Issue 3

Swift Action By TRICARE Saves Leg



Joey, a 19-year-old family member, gives a thumbs-up from his hospital bed in Naval Medical Center San Diego. He was air-lifted out of Central America after nearly losing his leg in a serious motorcycle accident.

By LT Bob Tatum, USN

TRICARE Prime brings with it better healthcare coverage, better customer service and lower costs. These and other TRICARE benefits were recently put to the test when Joey, a 19-year-old family member, was involved in a serious motorcycle accident in a foreign country.

As part of his maritime college program, 19-year-old Joey was on a summer training cruise. His ship was visiting the island of Roatan near the Central American country of Honduras, where he and some friends had rented motorcycles for the afternoon. As he rode through an intersection, another motorcycle speeding down the cross street slammed into him, shattering his lower leg.

"I realized my leg was broken right away," said Joey, who suffered open fractures of both lower leg bones. "I told my friends to get me two pieces of wood to make a splint. I learned first aid training in Boy Scouts," he said.

Back aboard ship, the ship's doctor stabilized Joey's leg, started antibiotics and cleaned the wound to the extent possible. But the ship's doctor quickly realized the gravity of the situation: there were inadequate medical services aboard ship or in Roatan to treat Joey's broken leg. The ship's captain used his satellite telephone to call Joey's mother, an active duty service member in San Diego.

Joey's mother immediately called the TRICARE Health Care Finder's 24-Hour help line at 9:30 p.m. on a Sunday evening, asking for assistance in transporting her son to the United States for medical care. She wanted her son evacuated by air ambulance as soon as possible! Foundation Health Federal Services (FHFS), the TRICARE managed care support contractor in Southern California, quickly called Naval Medical Center San Diego to rapidly develop an evacuation plan. By 12:30 a.m. Monday morning,

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News At Nine is an official, quarterly publication of the Office of the Lead Agent, TRICARE Region Nine. Its purpose is to inform Region Nine military treatment facilities and support contractor staff about policies and items of interest regarding the TRICARE program. For submission guidelines, contact the PAO at (619) 532-5439 or DSN 522-5439.

From the Lead Agent

RADM Alberto Diaz, Jr., MC, USN

RELATIONSHIPS, NOT CONTRACTS, MAKE TRICARE WORK

A healthcare system is not like a piece of machinery, where all you have to do is push the start button and walk away. Unlike a machine, a healthcare system relies on the mutual cooperation of flexible, dedicated and creative people rather than on the rigid meshing of “cast iron gears.” A healthcare system relies on the intrinsic power of positive attitudes rather than electric power from the local power company. And most important – a healthcare system is not held together by nuts and bolts, but by ever-changing relationships, partnering and trust.

We’ve all seen organizations that try to solve problems by drafting new regulations, writing reports or sending out memos. But this management-by-memo approach fails to recognize the importance of personal relationships, and how they are the real mechanism that powers an organization. In the end, it is always the people that make things happen. The rules and the paper they’re written on are a relatively small part of a successful healthcare system.

From the beginning, strong relationships are what have made TRICARE work in Southern California. My TRICARE staff devotes a great deal of time to partnering with the different branches of the armed forces, our seven military hospitals, the Department of Defense, Foundation Health Federal Services, and of course, our beneficiaries.

Primarily because of our relationships with our military hospitals, we have a system by which we monitor personnel shortages and “loan” healthcare providers to the hospitals where they are needed most. But our teamwork extends beyond just Region Nine. Our Product Standardization project also includes Region Ten, and seeks to maximize our purchasing power for our most commonly used clinical products. The time invested in these partnerships results in greater efficiency and cost savings, and ultimately in improved care for our patients.

One of our most successful relationships has been with Foundation Health Federal Services, our managed care support contractor. Now in the fifth year of our contract with FHFS, we can reflect on the mutual trust we have developed, on how we have adjusted to an ever-changing and improving contract, and how ours is one of



the best Lead Agent-contractor relationships in TRICARE. Ironically, as our managed-care contract becomes larger and more complex, the success of TRICARE depends less on the formal language and legal conditions of the contract, and more on the trusting relationship we have with Foundation Health Federal Services and our beneficiaries.

Of all the relationships we foster, the most important is the one between us (the providers) and the beneficiaries. In today’s managed healthcare environment, the role of the patients as full partners is paramount in maximizing their health. Unless we treat our patients like partners, many of our programs such as health education, disease management and data collection are doomed to fail. This is why there has been such a backlash against managed care in recent years – we left the patient too often out of the partnering process. As we continue to make managed care decisions, we must remember that our beneficiaries – our customers – are the most important partners in the relationship.



Contractor's Corner

By Peter McLaughlin, FACHE

As we approach the midway point in our fifth year as the Managed Care Support Contractor, Foundation Health Federal Services (FHFS) has been extremely fortunate to have very strong leadership and a clear vision from the Lead Agent. This leadership and vision has allowed the Lead Agency, MTF commanders, and FHFS to engender a close teaming relationship that has permitted us to work in concert to provide quality, cost-effective and accessible health care to all beneficiaries. These relationships have clearly demonstrated how a military/civilian team can and does enhance program goals, customer service, and contract compliance. It is this relationship over the last four years that has allowed FHFS to work with the Military Health System in Region Nine to improve and refine continuously all elements of the TRICARE program.

In this Contractor's Corner article, I would like to summarize some key indicators that measure beneficiary satisfaction and acceptance of the TRICARE program. One measure of success is Prime enrollment. As of 31 July, 228,200 eligible beneficiaries have selected TRICARE Prime as their primary coverage. These enrollment numbers exceed our original projections by over 160 percent. It should be noted that 72 percent of Prime enrollees have selected a military primary care manager. This indicates a strong preference and confidence in the direct care system. Not to be overlooked is the success of TRICARE Senior Prime (TSP). Currently, the Naval Medical Center has 4,600 enrolled in the program. The TSP program enjoys a very high level of satisfaction and is rated as a plan of high value.

The number of congressional inquiries received from beneficiaries and providers is another indicator of customer satisfaction with the TRICARE program. Region Nine has experienced a steady decline in the relatively low number of congressional inquiries received each month. For example, since January, we have responded to a total of 69 inquiries. This translates into 3 inquiries per 10,000 eligible beneficiaries. We believe that the number of congressional inquiries received and responded to per 10,000 eligible beneficiaries declines consistently with regional maturity and program stabilization.

Beneficiary satisfaction is also extremely high as evidenced by the Prime disenrollment rate. Surveys show that 98 percent of those Prime enrollees who disenroll are satisfied with the TRICARE program and with the services they receive. Less than two-tenths of one percent disenroll because of dissatisfaction with the TRICARE program. The principle reasons for Prime disenrollment are transfer to other regions, loss of eligibility and sponsor status change from Active Duty to Non-Active Duty. The Lead Agency, MTF commanders and FHFS cooperate each and every day to educate our TRICARE beneficiaries, enroll them in Prime, and ensure they receive the best possible service experience.

Claims processing has a very direct impact on beneficiary satisfaction. For the California/Hawaii contract, approximately 70,000 retained claims are processed each week. Two measures of success are the percent of retained claims processed in 30 and 60 days. Since October 1999, 97.3 percent of retained claims were processed in 30 days and 99.97 percent of retained claims were processed in 60 days. Processing



Mr. Peter McLaughlin,
vice president, California Field
Operations, Foundation Health
Federal Services.

consistency and continuous process improvements allow FHFS to expedite payment to our providers and beneficiaries.

The TRICARE Management Activity issued earlier this year the TRICARE 2000 Stakeholders' Report. The focus of this report is to make "TRICARE work better for everyone." Teamwork, Commitment, and Innovation were the three words used by Drs. Bailey and Sears to describe the vision for the TRICARE program. FHFS shares this vision. We understand the importance of high quality, timely customer services and its impact on the successes of the TRICARE program. Our FHFS associates work hard each day to fulfill our customer service commitments to make TRICARE "work better" for the beneficiaries of Region Nine.

Air Force Officer is Gung-Ho Over TRICARE



Air Force Capt. John Savage hopes his license plate will provide more opportunities to talk to people about TRICARE. "...I do get more opportunities to explain the TRICARE program, solve problems for folks, and hear success stories about TRICARE."

Story by LT Bob Tatum, USN

Photo by John Deleon

People get personalized license plates for a number of reasons: for status, to make a statement, or just to stand out in a crowd. But John Savage got his personalized license plate for a different reason: he loves talking about TRICARE.

"I first got the idea for a TRICARE license plate when I transferred from overseas and needed to register my car," said Air Force Capt. Savage, a native of Wheaton, Ill. "USAFDAD was taken, so I thought 'I believe in TRICARE, I know it is a good program, and I am proud of what DoD has done to improve the healthcare benefits for service members'," Savage said.

It's a good thing Savage is a TRICARE zealot; he is the marketing officer for all TRICARE activities in Southern California. This gives him the opportunity to continually educate people about their healthcare benefits, and even make improvements in the program. Savage believes it is important to constantly get the word out about TRICARE.

"While the basics of the TRICARE program are easy to understand, some of the specifics are as complicated as other commercial health plans. When service members and retirees know how to use their TRICARE benefits, they are happier, healthier, and save money," Savage said.

See Gung-Ho Over TRICARE, page 9

TRICARE Staff Receives Veteran's Administration Award

By LT Bob Tatum, USN

Several staff members of TRICARE Region Nine Lead Agent were recently recognized for their efforts in forging an agreement between the DoD and VA to streamline the requirements for discharge physical examinations. The Scissors Award is a Veterans Administration award that recognizes streamlining and cutting red tape to improve quality and timeliness of service to veterans. The staff members specifically recognized include: LCDR Dave Walton, the Joint Physical Program coordinator; Chief Dental Technician Julie Kasmado, the dental exam coordinator; and Dr. Sarah Simpkins, a VA representative who works as the full-time VA/DoD coordinator on the Lead Agent staff for TRICARE Region Nine.

Discharge physical exams are required for each person as they leave the service, and although something as routine as a physical exam should be

simple to coordinate, the cumbersome bureaucracy of these organizations made coordination at a national level difficult. The result was that exiting service members often had to go through two nearly identical physical exams, wasting precious time, money and other resources. What was needed was an exam that could simultaneously meet the needs of both DoD and VA.

Fortunately, what couldn't happen at a national level was coordinated locally, and with the large military population in San Diego County, this was the logical place to start.

Under the old system, any person leaving the service with a military-related disability is automatically required to undergo a physical exam by the Veterans Administration, which is generally more stringent than the DoD exam. The VA has more stringent standards because persons with military-related disabilities are



entitled to lifetime monetary compensation, in addition to other medical benefits. Under the new program, service members in some San Diego locations need only receive one physical exam, which is designed to satisfy both DoD and VA requirements.

The new program is already in place in two San Diego County military locations, and is expanding rapidly to others. In San Diego County alone, the annual cost savings is expected to exceed \$600,000.

Big Cost Savings Through Product Standardization

By LT Bob Tatum, USN

In the course of delivering healthcare, hospitals use many different types of products and supplies. From latex surgical gloves to the special containers used for disposing of syringes, these commonly used items represent a major part of a hospital's budget. In fact, just 20 percent of the most commonly used items account for 80% of the cost for these disposable supplies.

With this in mind, TRICARE Regions Nine and Ten formed a special committee to investigate which items were the most commonly used, and how the cost of these items could be reduced. They quickly discovered that each hospital, and even each healthcare provider, has a preference for the types and brands of products they use.

"Product standardization is difficult for many commonly used items simply because of product preference. Often, physicians continue to use products they trained with.

It's a comfort factor and not necessarily a clinical function factor," said LCDR Pat Diggs, the Logistics Chief and co-chair of the Region Nine and Ten TRICARE Product Review Board. "In the case of gloves, a surgeon may have operated always with the same glove. He/she is used to the fit, feel and tactile capability of a particular glove," Diggs said.

In moving targeted products through the standardization process, the Product Review Board considers many factors. But the process is based on "best value" and not price alone. In fact, price evaluation is the last step of a 16-step process. Clinical staff establishes the clinical criteria a product must meet and performs hands-on testing of the various products. Price quotes are only requested for those

See *Product Standardization*, page 9



Military Hospitals Get Top Scores in Southern California

By LT Bob Tatum, USN

Today, many people are concerned about finding the best ways to meet their healthcare needs. Fortunately, Southern California military families who use a Military Treatment Facility don't have to worry about the quality of their healthcare. That's because all military hospitals in TRICARE Region Nine were rated above the national average by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

JCAHO evaluates and accredits nearly 20,000 health care organizations and programs in the United States. An independent, not-for-profit organization, the Joint Commission is the nation's predominant standards-setting and accrediting body in health care.

Evaluated on a three-year cycle, the score a hospital receives provides a "report card" for the public, enhancing the confidence of the patients who go there for their care.

National Average Score	91
Robert E. Bush Naval Hospital (Twentynine Palms)	94
Naval Medical Center, San Diego	99
30 th Medical Group, Vandenberg AFB	93
Naval Hospital, Camp Pendleton	95
61 st Medical Squadron, Los Angeles AFB	97
Weed Army Community Hospital, Fort Irwin	95
95 th Medical Group, Edwards AFB	97

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TRICARE Saves Leg

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only three hours after the mother's call, FHFS had arranged air transport for the patient, and an air ambulance was on its way.

LogistiCare, a FHFS network provider that provides medical ground and air transport, sent a Lear jet with a critical care nurse and a respiratory therapist to the Roatan airfield. During his medical evacuation, Joey continued to receive intravenous fluids, pain medication and immobilization of the injury. He was flown from Roatan to Lindbergh Field in San Diego, where he arrived at 2:10 p.m., less than 24 hours after the accident. He was taken immediately to Naval Medical Center, San Diego.

"It was a relief getting back to this country, and knowing I wouldn't be losing a limb," Joey said. "Once I saw mom, I felt a lot better. We both burst into tears," he said.

In the emergency room, Joey was quickly seen by LCDR Mike McDermott, the orthopedic surgeon who took over the case. McDermott recognized the seriousness of the injury and the importance of prompt medical care.

"The patient had a grade 3A open tibia fracture. The leg was still covered with debris from the road...and had a 5 – 6 cm laceration to the front of the leg with exposed muscle," said Dr. McDermott, who has been at Naval Medical Center San Diego for six years. "When treatment is delayed beyond 6 – 8 hours the infection rate goes up significantly. Any error in decision, judgment or treatment is a setup for a poor

outcome...and could ultimately lead to amputation of a limb," McDermott said.

Fortunately, Dr. McDermott was able to save Joey's leg. The medical treatment included cleaning the wound, antibiotic treatments, pins in two bones, skin grafting, and bone grafting from his hip to his leg. McDermott gives the patient a good prognosis.

"The patient responded very well to all of his treatment. He is healing well with no evidence of infection," McDermott said. "I anticipate he will have a full recovery with unrestricted return to his previous level of activity," he said.

With Joey out of the hospital and on the road to recovery, most families would now be facing staggering medical bills, but since the patient was enrolled in TRICARE Prime, medical bills weren't much of a concern. Even with Joey's expensive treatment, his family's costs were very small. The family's bill for the \$30,000 air ambulance – only \$15. The family's bill for four leg surgeries and seven days in a military hospital – about \$76.

"I was really frightened because of his serious injury and because he was so far away," said Joey's mother. "I am so grateful for the quick response from Foundation Health Federal Services, for the excellent treatment Joey received on his ship, and for the successful surgeries and compassionate care he received at the Naval Medical Center," she said.

Population Health Program Keeps Marines Healthy at Camp Pendleton

By LT Bob Tatum, USN

For years the pattern of healthcare for most active duty service members was the same: Go see the doctor only when you are sick or injured, get fixed, and then get back to work. Under this system, the longer the time span between doctor's visits, the healthier you seemed to be. Unfortunately, service members didn't always get the continuity or quality of care they needed. To make matters worse, someone going to sick call was often suspected of simply avoiding work, and those who visited the doc too often risked being labeled a "sick call commando."

Fortunately, some people are working hard to improve the way the Military Health System cares for our service members, and that way is called Population Health. Under Population Health, the Military Health System takes a much more active role in maintaining a patient's health, rather than waiting for a major illness or injury to occur. No longer is years between doctor visits considered a sign of good health – just the opposite: Under Population Health, many factors are examined to help ensure a person's long-term health.

"Service members are typically young, and without the chronic illnesses that afflict older people. But that does not mean they are any healthier," said Navy CAPT Sandra Bibb. "These young service members, although they look good on the outside, often have life styles that endanger their health, including heavy alcohol and tobacco use, poor diet, and exposure to sexually transmitted diseases," Bibb said.

"Good health includes physical, mental, social, and economic factors, and is best measured by evaluating quality of life and perceived health status," Bibb said.

Bibb is the Head of the Population Health Department at Naval Hospital Camp Pendleton.

Bibb believes it takes more than just clinical care to meet the overall healthcare needs of service members. She endorses an approach which addresses a service member's needs in five different areas, including health promotion,



Naval Hospital Camp Pendleton

patient and family education, case management, disease management, and social work. Bibb recognizes that these different areas are in fact all critical to a service member's overall health.

"Good health includes physical, mental, social, and economic factors, and is best measured by evaluating quality of life and perceived health status," Bibb said. "The five divisions in the Population Health Department work together to be effective in achieving our population health improvement goals," Bibb said.

Although one of the goals of population health is lifelong good health, there are more immediate benefits as well. Because population health includes such aspects as stress reduction and social health, potential problems can often be identified before they impact a service member's health, family and unit readiness. Family problems, economic hardship, and inappropriate ways of managing stress often lead to higher rates of absenteeism, disciplinary problems or even family violence.

The potential benefits of a robust population health program are being studied at higher levels as well. Navy CAPT Kathleen Fischer oversees the Population Health movement at all the military hospitals and clinics in Southern California. She agrees that Population Health is the best way to take care of our people.

"Population Health focuses on keeping healthy people healthy, managing disease treatment to prevent complications, and using data to ensure limited resources are used efficiently and equitably," Fischer said. "Educational programs about safe sex, drug abuse and proper nutrition are all designed to keep the patient healthy and out of the doctor's office," Fischer said.

TRICARE Women's Health CDROM Wins National Award

By LT Bob Tatum, USN

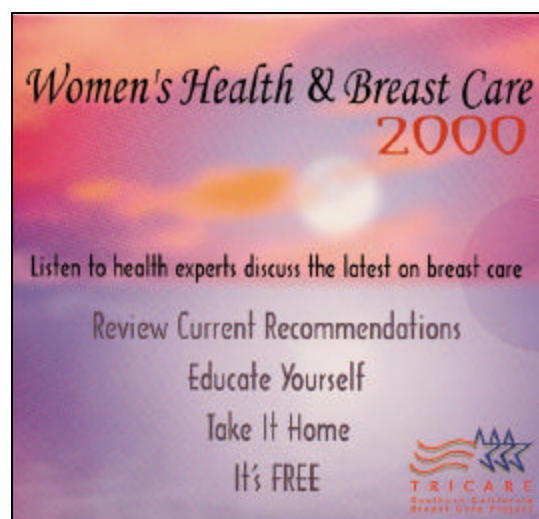
To raise awareness about breast cancer issues and promote women's health, TRICARE Region Nine produced an interactive educational CD-ROM for beneficiaries. The CD-ROM recently won the AXIEM award, which honors those who produce the very best in all forms of electronic media. Interactive CD-ROM's provide an exciting opportunity for military providers to talk directly to their patients. This current CD explores over 40 topics and includes information on TRICARE's participation in the breast cancer prevention trial called STAR. STAR (Study of Tamoxifen and Raloxifene) is an option for women at high risk for the disease. The STAR program is open to all TRICARE beneficiaries in Southern California

The CD-ROM was produced for TRICARE Region Nine by A.F. Interactive Productions, which received a private grant to help underwrite production costs of educational CD

ROMs and other media for the Department of Defense. Currently in production for the military are two educational CD-ROMs targeting health issues impacting our population: **Preventing Unintended Pregnancies** and **Understanding and Overcoming Depression**. Information about A.F. Interactive Productions can be found at www.interactivepsychology.com.

For a free copy of the Women's Health and Breast Care CD ROM, contact Lynda Rogers, Breast Care Project Clerk at 619-532-5434, or by e-mail at lmrogers@reg9.med.navy.mil.

Information on the award can be seen at www.axiemawards.com.



Gung-Ho Over TRICARE

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TRICARE is the DoD healthcare plan that serves active duty, family members and retirees from all armed services, including the Coast Guard, and Savage is responsible for educating the 620,000 eligible beneficiaries in Southern California and Yuma, AZ. Savage sees his new license plate as just one more way to talk to people about their TRICARE benefit.

"I don't know if [the license plate] will help, but I do get more opportunities to explain the TRICARE program, solve problems for folks, and hear success stories about TRICARE," Savage said. "Healthcare is consistently rated the number one quality-of-life issue for our service members, and TRICARE is improving the service delivery of this benefit. I like being a part of that," Savage said.

Product Standardization

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products that meet the clinical criteria.

As an example of the potential of product standardization, by reducing the brands of surgical gloves to just five, the two TRICARE Regions expect to save \$270,000 each year.

"By selecting a single product line, the military treatment facilities within the Regions can take advantage of reduced pricing through committed volume purchase agreements as well as overall supply chain savings," Diggs said. "First and foremost, the cost savings from reduced product pricing can be used to fund deficiencies throughout the Region. A secondary benefit is the increased dialog and cooperation among the clinical and logistical staff from all branches of the service throughout the two TRICARE Regions," she said.

Top Ten Reasons to Enroll in TRICARE Prime at Your Military Treatment Facility

By Janice Rosenthal-Rock

Foundation Health Federal Services

Why should you choose TRICARE Prime at your nearby military hospital or clinic for your health care coverage? There are a lot of good reasons. TRICARE Prime at your military medical treatment facility (MTF) gives you high-quality health care that is convenient to use with the least out-of-pocket costs.

The TOP TEN reasons to choose Prime are:

1. *Lower costs* – you pay no deductible and no copayment for outpatient visits at your military treatment facility or clinic; and only a \$6 or \$12 copayment for civilian doctor office visits, depending on your sponsor's rank.
2. *Priority at Military Treatment Facilities* – you will receive a higher appointment priority for treatment at MTFs, which offer quality, state-of-the-art care.
3. *Individualized care* – you choose your Primary Care Manager and he or she will provide all your health care needs and arrange for specialty services when needed. Also, when you enroll in Prime, you will have the opportunity to complete a Health Enrollment Assessment Review survey to help your doctor identify your disease risk factors and the preventive health care services you need.
4. *Minimal paperwork* – with a military Primary Care Manager there are no claim forms to fill out. Also, if you are referred to a network provider, they will fill out your claim form for you.
5. *Medicine on the cutting edge of technology and research* – you will receive top-quality health care and medical services. Military medicine is often on the cutting edge of new technology and research. Additionally, TRICARE members can participate in national clinical trials, if you are determined to be eligible.
6. *Quality providers* – TRICARE doctors at military treatment facilities and in the civilian sector are high quality physicians. All TRICARE doctors meet the licensing and certification requirements of TRICARE regulation and have agreed to provide services at the least expense to you.
7. *Expanded clinical preventive care benefits with no copayments* – you will receive the best in wellness benefits, including periodic screening tests, clinical examinations, immunizations and eye tests.
8. *Timely access to care* – you should get an appointment within a week and wait no longer than 30 minutes for your routine appointment. All TRICARE Prime providers must follow TRICARE access standards.
9. *The ability to transfer your enrollment* – you can take your health care coverage with you when you move, transfer or retire, or if your child goes off to college or lives with your former spouse in another Prime area.
10. *Help when you need it* – you will receive health care when you need it. TRICARE provides urgent care coverage to you 24 hours a day, seven days a week. Additionally, advice nurses and health information is available to you 24 hours a day when you call the Health Care Information Line at (800) 611-2883.

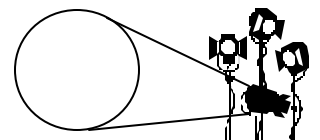
Here are some highlights of what TRICARE and its military doctors offer:

Telemedicine: Reducing traveling time for those in remote locations, telemedicine brings patients and doctors together through a personal computer and a telephone line. Such items as zoom-cameras and electronic stethoscopes enable cardiologists to do a complete exam, even if they are hundreds of miles from their patient!

See Top Ten Reasons to Enroll in TRICARE Prime, page 11

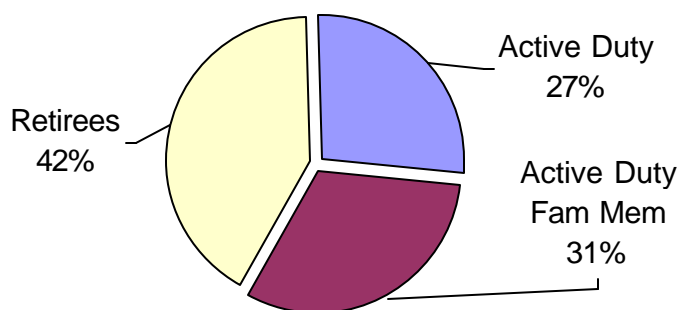


Naval Medical Center, San Diego



Naval Medical Center San Diego is the largest and most capable military treatment facility in Region Nine, and serves over a quarter million beneficiaries in its catchment area. The medical center also supports all Military Treatment Facilities in the region with specialized services that may not be available at all locations.

FY 2000 Eligible Population



Top Ten Reasons to Enroll in TRICARE Prime

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Specialized Treatment Services (STS) Certification: This certification gives a MTF a “center of excellence” designation. It is only given to those MTFs or other facilities which have performed large numbers of specialized surgical procedures with positive outcomes. The MTFs recently awarded this STS status are: Naval Medical Center in San Diego; David Grant Medical Center at Travis AFB; VA Palo Alto Health Care system (VAPAHCS) and San Francisco VA Medical Center (SFVAMC) for Cardiothoracic Surgery.

Clinical Cancer Trials: The Department of Defense partnered with the National Cancer Institute to allow TRICARE members to participate in the latest cancer therapies. Under this demonstration project, patients can have their treatment covered while they participate in research studies designed to find better ways to prevent, diagnose and treat cancer.

For more information about TRICARE Prime, stop by your nearest TRICARE Service Center, Beneficiary Services Office, or call (800) 242-6788. You also may get information online by visiting the following Web sites:

www.fhfs.com
tricare.osd.mil
www.defenselink.mil

What is a Health Care Finder?

Health Care Finders are licensed registered nurses or certified physician assistants trained in the provisions of referral and prospective review services. HCFs assist providers in monitoring and coordinating patient’s use of the health care system. They can be reached toll free at 800-242-6788, and are available 24 hours a day, seven days a week.

Frequently Called Numbers

TRICARE Service Centers	800-242-6788
Healthcare Finder	800-242-6788
Healthcare Info Line	800-611-2883
TRICARE Claims	800-930-2929

Departmental Focus: Resource and Contracts Management Department

By LT Bob Tatum, USN



The Resource and Contracts Management Department oversees the financial, contractual, and coordination of all parties related to the managed care support contract, and is the heartbeat of the contract environment in TRICARE Region Nine. The long list of department responsibilities includes:

- **Finance & Budget Division** – provides operational support of activity financial responsibilities including budgeting, budget execution and accounting.
- **Logistics Division** – provides technical guidance and expertise on activity and regional healthcare contracting and supply operations, and facility management.
- **Contracting Division** – provides technical oversight and coordination of the managed care support contract and other activity contracting issues.

The Resource and Contracts Management Department also provides oversight to the Product Standardization Review Board, which is designed to reduce material costs for consumables purchased for patient care throughout Regions Nine and Ten.